In re Daniel C	George John Tarkanian	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:	13-20495	(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS						
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
111	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).						
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.						
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.						
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard						
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;						
	OR						
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 						

		Part II. CALCULATION OF	F MO	NTHLY INC	CON	ME FOR § 707(b)	7) EX	CLUSION		
		cal/filing status. Check the box that appli		-		-	ement a	as directed.		
	a. 🗆	Unmarried. Complete only Column A								
		Married, not filing jointly, with declarat								
2		erjury: "My spouse and I are legally sepa								
2		or the purpose of evading the requirement ncome") for Lines 3-11.	its of §	/0/(b)(2)(A) of	the .	Bankruptcy Code." Co	mplete	only column	A ("Debtor's	
		Married, not filing jointly, without the d	leclara	ion of caparata l	101164	aholds set out in Line 2	h abov	e Complete l	ooth Column A	
		"Debtor's Income") and Column B ("S					.o abov	s. Complete a	oth Column A	
		Married, filing jointly. Complete both	-				"Spou	se's Income'')	for Lines 3-11.	
		gures must reflect average monthly incon						Column A	Column B	
		lar months prior to filing the bankruptcy						Debtor's	Spouse's	
		ing. If the amount of monthly income va			nths,	you must divide the		Income	Income	
	S1X-III	onth total by six, and enter the result on t	ne app	ropriate line.				meome	The onic	
3		s wages, salary, tips, bonuses, overtime					\$		\$	
		ne from the operation of a business, pro					1			
		the difference in the appropriate column(ess, profession or farm, enter aggregate n								
		tter a number less than zero. Do not incl						ļ		
4		ne b as a deduction in Part V.	uuc ui	y part of the st		ess expenses entered		ļ		
				Debtor		Spouse]			
	a.	Gross receipts	\$			\$				
	b.	Ordinary and necessary business expens				\$	41			
	c.	Business income	S	ubtract Line b fr	om I	Line a	\$		\$	
		and other real property income. Subtra								
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any							ļ		
	part of the operating expenses entered on Line b as a deduction in Part V.						۱			
5	a.	Gross receipts	\$	Debtor		Spouse \$	-	ļ		
	b.	Ordinary and necessary operating	\$			\$	11	ļ		
		expenses					<u>]</u>	ļ		
	c.	Rent and other real property income	S	ubtract Line b fr	om I	Line a	\$		\$	
6	Intere	est, dividends, and royalties.					\$		\$	
7	Pensi	on and retirement income.					\$		\$	
		mounts paid by another person or ent								
8		ses of the debtor or the debtor's depen								
o		ose. Do not include alimony or separate n								
	spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.								\$	
	•	ployment compensation. Enter the amo					\$			
		ver, if you contend that unemployment contend that unemployment contend that unemployment contend that unemployment contend the united the united that unemployment contend the united the united that unemployment contend the united that under					ι			
0	benefit under the Social Security Act, do not list the amount of such compensation in Column A									
9	or B,	but instead state the amount in the space	below:				_			
		nployment compensation claimed to						ļ		
	be a l	benefit under the Social Security Act De	ebtor \$		Spo	ouse \$	\$		\$	
		ne from all other sources. Specify source								
		eparate page. Do not include alimony or								
	-	e if Column B is completed, but includ				-				
		tenance. Do not include any benefits rece ed as a victim of a war crime, crime agai								
10		stic terrorism.		name, or as a v		. 01				
	Debtor Spouse]			
	a.		\$			\$]			
	b.		\$			\$	IJ			
	Total and enter on Line 10						\$		\$	
11	Subto	otal of Current Monthly Income for § 7	707(b)(7). Add Lines 3	thru	10 in Column A, and.				
11		umn B is completed, add Lines 3 through					\$		\$	

3

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption of top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	does not arise" at the
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

	Complete Parts IV,	V, VI, and VII	of this	statement only if req	uired. (See Line 15	5.)
	Part IV. CALCULA	TION OF CUR	RREN	T MONTHLY INCO	ME FOR § 707(b)(2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each protected box at Line 2.c, enter zero					
	a.			\$		
	b. c.			\$ \$		
	d.			\$		
	Total and enter on Line 17					\$
18	Current monthly income for § 70°	7(b)(2). Subtract Lii	ne 17 fro	om Line 16 and enter the re	esult.	\$
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	I INCOME	
	Subpart A: Ded	luctions under Sta	andard	s of the Internal Rever	nue Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					
19B	National Standards: health care. Out-of-Pocket Health Care for personal out-of-Pocket Health Car					
	Persons under 65 year	s of age		Persons 65 years of ag	e or older	
	a1. Allowance per personb1. Number of persons		a2. b2.	Allowance per person Number of persons	+	
	c1. Subtotal		c2.	Subtotal	+	\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is					
	any additional dependents whom yo	_				\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$					
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$					
22A	Local Standards: transportation; vehicle operation/public transportation You are entitled to an expense allowance in this category regardless of a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 8. □ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$					
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Transportation: (This amount is available at www.usdoj.go court.)	\$					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1						
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$				
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 Standards: Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42						
25	C. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly extate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sales	ome taxes, self employment taxes, social	\$				

B22A (Official Form 22A) (Chapter 7) (04/13)

26	Other Necessary Expenses: involuntary deductions for employndeductions that are required for your employment, such as retirement Do not include discretionary amounts, such as voluntary 401(k)	nt contributions, union dues, and uniform costs.	\$				
27	Other Necessary Expenses: life insurance. Enter total average melife insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$					
28	Other Necessary Expenses: court-ordered payments. Enter the tag pay pursuant to the order of a court or administrative agency, such a include payments on past due obligations included in Line 44.	\$					
29	Other Necessary Expenses: education for employment or for a p Enter the total average monthly amount that you actually expend fo and for education that is required for a physically or mentally challe education providing similar services is available.	r education that is a condition of employment	\$				
30	Other Necessary Expenses: childcare. Enter the total average mo childcare - such as baby-sitting, day care, nursery and preschool. Do		\$				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.						
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.						
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.						
	Subpart B: Additional Livin Note: Do not include any expenses the	~ ·					
	Health Insurance, Disability Insurance, and Health Savings Acc the categories set out in lines a-c below that are reasonably necessar dependents.						
34	a. Health Insurance \$						
	b. Disability Insurance \$						
	c. Health Savings Account \$		\$				
	Total and enter on Line 34.						
	If you do not actually expend this total amount, state your actual space below: \$						
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.						
36		mily Violence Prevention and Services Act or	\$				
37	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.						

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38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.							
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$						
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$						
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$						
	Subpart C: Deductions for Debt Payment							
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.							
	Name of Creditor Property Securing the Debt Average Monthly Payment include taxes or insurance?							
	a. \$ □yes □no Total: Add Lines	\$						
43	motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount							
	a. \$							
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$						
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.							
45	a. Projected average monthly chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b	\$						
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$						
	Subpart D: Total Deductions from Income							
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$						
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION							
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$						
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$						

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$							
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$							
52 53 54	Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of pastatement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. ☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (L. Enter the amount of your total non-priority unsecured debt Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. Secondary presumption determination. Check the applicable box and proceed as directed.	of page 1 of this ler of Part VI.							
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page								
	Part VII. ADDITIONAL EXPENSE CLAIMS								
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expenses.									
	Expense Description Monthly Amount	nt							
	a. \$								
	b. \$	_							
	C.								
	Total: Add Lines a, b, c, and d \$	_							
	Part VIII. VERIFICATION								
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors									
57	Date: January 3, 2014 Date: January 3, 2014 Signature: /s/ Daniel George John Tarka (Debtor) Date: January 3, 2014 Signature: /s/ Amy Michelle Tarkanian Amy Michelle Tarkanian	rkanian anian							
	(Joint Debtor, if an	y)							

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B22A (Official Form 22A) (Chapter 7) (04/13)

In re Amy Michelle Tarkanian	
Debtor(s)	According to the information required to be entered on this statement
Case Number: 13-20495	(check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \S 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS							
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.							
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).							
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.							
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.							
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.							
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard							
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;							
OR								
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 							

		Part II. CALCULATION OF M	101	NTHLY INC	CON	ME FOR § 707(b)(7	7) EX(CLUSION	
	Mari	tal/filing status. Check the box that applies	and o	complete the ba	lanc	ce of this part of this state	ement as	s directed.	
	a. 🗆	l Unmarried. Complete only Column A ("I	Debt	or's Income'') i	for I	Lines 3-11.			
		Married, not filing jointly, with declaration							
2		perjury: "My spouse and I are legally separate							
2		For the purpose of evading the requirements of	of § 1	707(b)(2)(A) of	the	Bankruptcy Code." Con	nplete o	nly column	A (''Debtor's
		Income") for Lines 3-11.	4:	6 1			L -1	Commission b	o4h Colonia A
		Married, not filing jointly, without the declerible ("Debtor's Income") and Column B ("Spo					b above	. Complete b	oun Column A
		Married, filing jointly. Complete both Col					'Spous	e's Income'')	for Lines 3-11.
		gures must reflect average monthly income i					Co	olumn A	Column B
		dar months prior to filing the bankruptcy cas						ebtor's	
		ling. If the amount of monthly income varie			iths,	, you must divide the		ncome	Spouse's Income
		onth total by six, and enter the result on the						neome	
3		s wages, salary, tips, bonuses, overtime, co					\$		\$
		ne from the operation of a business, profe							
		the difference in the appropriate column(s) cess, profession or farm, enter aggregate num							
		nter a number less than zero. Do not includ e							
4		ne b as a deduction in Part V.		pure or the se		oss enpenses enter eu			
				Debtor		Spouse			
	a.	Gross receipts	\$			\$			
	b.	Ordinary and necessary business expenses	\$			\$			
	c.	Business income	Su	btract Line b fr	om l	Line a	\$		\$
		and other real property income. Subtract							
		oppropriate column(s) of Line 5. Do not enter							
	part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse								
5	a.	Gross receipts	\$	Debioi		Spouse \$			
	b.	Ordinary and necessary operating	\$			\$			
		expenses	ľ			Ť			
	c.	Rent and other real property income	Su	btract Line b fr	om l	Line a	\$		\$
6	Inter	est, dividends, and royalties.					\$		\$
7	Pensi	on and retirement income.					\$		\$
		amounts paid by another person or entity,							
O		nses of the debtor or the debtor's depende							
8		ose. Do not include alimony or separate main							
		e if Column B is completed. Each regular p syment is listed in Column A, do not report					\$		\$
		ployment compensation. Enter the amount		•			Ψ		Ψ
		ever, if you contend that unemployment com							
		it under the Social Security Act, do not list t							
9	or B,	but instead state the amount in the space bel	ow:						
		mployment compensation claimed to							
	be a	benefit under the Social Security Act Debte	or \$		Spo	ouse \$	\$		\$
		ne from all other sources. Specify source a							
		separate page. Do not include alimony or se							
	-	se if Column B is completed, but include a				-			
		tenance. Do not include any benefits received yed as a victim of a war crime, crime against							
10		stic terrorism.	11011	anity, or us a v		if of international of			
			Debtor Spouse						
	a.		\$			\$			
	b.		\$			\$			
	Total	and enter on Line 10					\$		\$
11		otal of Current Monthly Income for § 707							
	if Col	umn B is completed, add Lines 3 through 10) in (Column B. Ente	er th	ne total(s).	\$		\$

3

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.				
Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
15	☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.				
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

	Enter the amount from Line 12. Marital adjustment. If you checked Column B that was NOT paid on a redependents. Specify in the lines below spouse's tax liability or the spouse's amount of income devoted to each protected box at Line 2.c, enter zerous. a. b. c. d. Total and enter on Line 17 Current monthly income for § 707	d the box at Line 2.c, e regular basis for the hor ow the basis for exclud support of persons other ourpose. If necessary, lip.	ousehold expenses of the debtor or to ding the Column B income (such as mer than the debtor or the debtor's delist additional adjustments on a separate state of the column B income (such as mer than the debtor or the debtor's delist additional adjustments on a separate state of the column B income (such as mer than the debtor or the debtor's deb	come listed in Line 11, the debtor's payment of the ependents) and the arate page. If you did	\$ \$
	Marital adjustment. If you checker Column B that was NOT paid on a radependents. Specify in the lines belo spouse's tax liability or the spouse's amount of income devoted to each protected box at Line 2.c, enter zero a. b. c. d. Total and enter on Line 17 Current monthly income for § 707	regular basis for the hor ow the basis for exclud support of persons othe ourpose. If necessary, li o.	ousehold expenses of the debtor or to ding the Column B income (such as mer than the debtor or the debtor's delist additional adjustments on a separate state of the column B income (such as mer than the debtor or the debtor's delist additional adjustments on a separate state of the column B income (such as mer than the debtor or the debtor's deb	the debtor's payment of the ependents) and the arate page. If you did	\$
	Column B that was NOT paid on a r dependents. Specify in the lines beld spouse's tax liability or the spouse's amount of income devoted to each protected box at Line 2.c, enter zero a. b. c. d. Total and enter on Line 17 Current monthly income for § 707	regular basis for the hor ow the basis for exclud support of persons othe ourpose. If necessary, li o.	ousehold expenses of the debtor or to ding the Column B income (such as mer than the debtor or the debtor's delist additional adjustments on a separate state of the column B income (such as mer than the debtor or the debtor's delist additional adjustments on a separate state of the column B income (such as mer than the debtor or the debtor's deb	the debtor's payment of the ependents) and the arate page. If you did	
	c. d. Total and enter on Line 17 Current monthly income for § 707		\$ \$	ılt.	
	d. Total and enter on Line 17 Current monthly income for § 707		\$	ılt.	
	Total and enter on Line 17 Current monthly income for § 707		1.	ılt.	
	Current monthly income for § 707		17 from Line 16 and enter the resu	ılt.	\$
18	Part V. CA				
		ALCULATION O	OF DEDUCTIONS FROM 1	INCOME	
	Subpart A: Ded	luctions under Stan	ndards of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$	
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.				
	Persons under 65 year a1. Allowance per person	s of age	Persons 65 years of age of 2. Allowance per person	or older	
	b1. Number of persons	b2			
	c1. Subtotal	c2	-		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$	

20B	Local Standards: housing and utilities; mortgage/rent expense. Er Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$		
	Local Standards: housing and utilities; adjustment. If you contend	Subtract Line b from Line a.	Ψ	
21	20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$		
	Local Standards: transportation; vehicle operation/public transpo	ortation expense.		
	You are entitled to an expense allowance in this category regardless of a vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of operating		
22A	Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are		
	□ 0 □ 1 □ 2 or more.			
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the '			
	Standards: Transportation for the applicable number of vehicles in the			
	Census Region. (These amounts are available at www.usdoj.gov/ust/ o		\$	
	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Transportation. (This amount is available at www.usdoj.go court.)	\$		
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more.			
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Average Monthly Payments for any debts secured by Vehicle 1, as standenter the result in Line 23. Do not enter an amount less than zer			
	a. IRS Transportation Standards, Ownership Costs	\$		
	Average Monthly Payment for any debts secured by Vehicle	\$		
	1, us stated in Elife 12	Subtract Line b from Line a.	\$	
	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the	2. Complete this Line only if you checked IRS Local Standards: Transportation		
24	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Average Monthly Payments for any debts secured by Vehicle 2, as sta			
24	and enter the result in Line 24. Do not enter an amount less than ze			
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$		
	b. 2, as stated in Line 42	\$		
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	
25	Other Necessary Expenses: taxes. Enter the total average monthly extate and local taxes, other than real estate and sales taxes, such as income			
	scurity taxes, and Medicare taxes. Do not include real estate or sale	\$		

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			\$	
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			\$	
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			\$	
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			\$	
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.			\$	
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			\$	
33	Total Ex	xpenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$	
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
		-	<u> </u>		
		Note: Do not include any expensions. Insurance, Disability Insurance, and Health Stories set out in lines a-c below that are reasonal.	<u> </u>		
34	the categ	Note: Do not include any expensions. Insurance, Disability Insurance, and Health Stories set out in lines a-c below that are reasonal.	penses that you have listed in Lines 19-32 savings Account Expenses. List the monthly expenses in		
34	the categ	Note: Do not include any expansions. Insurance, Disability Insurance, and Health Stories set out in lines a-c below that are reasonal ints.	count Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your		
34	the categories depende	Note: Do not include any expansurance, Disability Insurance, and Health Stories set out in lines a-c below that are reasonal ints. Health Insurance	count Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your \$ \\$	\$	
34	the categories depende a. b. c.	Note: Do not include any expressions. Insurance, Disability Insurance, and Health Strongers set out in lines a-c below that are reasonal ints. Health Insurance Disability Insurance	count Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your \$	\$	
34	the categorian depende a. b. c.	Note: Do not include any expansurance, Disability Insurance, and Health Stories set out in lines a-c below that are reasonal ints. Health Insurance Disability Insurance Health Savings Account denter on Line 34. Do not actually expend this total amount, state	count Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your \$	\$	
34	the categorian depende a. b. c. Total and space be \$ Continue expenses	Note: Do not include any expensurance, Disability Insurance, and Health Stories set out in lines a-c below that are reasonal ints. Health Insurance Disability Insurance Health Savings Account denter on Line 34. To not actually expend this total amount, state low: ed contributions to the care of household or for that you will continue to pay for the reasonable stabled member of your household or member of	penses that you have listed in Lines 19-32 savings Account Expenses. List the monthly expenses in ply necessary for yourself, your spouse, or your \$ \$ \$ \$ \$	\$	
	the categorian dependence a. b. c. Total and space be \$ Continue expenses ill, or disexpenses expenses actually	Note: Do not include any expensions and Health Stories set out in lines a-c below that are reasonal ints. Health Insurance Disability Insurance Health Savings Account denter on Line 34. To not actually expend this total amount, state low: ed contributions to the care of household or for the total amount of the contribution of your household or member of stabled member of your household or memb	savings Account Expenses. List the monthly expenses in only necessary for yourself, your spouse, or your \$ \$ \$ \$ \$ \$ your actual total average monthly expenditures in the Family members. Enter the total average actual monthly expenditures and necessary care and support of an elderly, chronically		

38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				\$
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National				\$
40	Continued charitable contributions. If financial instruments to a charitable organization			e form of cash or	\$
41	Total Additional Expense Deductions	under § 707(b). Enter the total of I	Lines 34 through 40		\$
	Su	bpart C: Deductions for De	bt Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.				
		Property Securing the Debt	•	include taxes or insurance?	
	a.		\$ Total: Add Lines	□yes □no	\$
43	motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount				
	a.		\$. 1 . 4 . 1 . 1 .	¢.
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.				\$
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.				
45	 a. Projected average monthly chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) 		\$ x		
	c. Average monthly administrative	e expense of chapter 13 case	Total: Multiply Lin	es a and b	\$
46	Total Deductions for Debt Payment. E	Enter the total of Lines 42 through 45	5.		\$
	Sul	bpart D: Total Deductions fo	rom Income		
47	Total of all deductions allowed under	§ 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$
	Part VI. DE	TERMINATION OF § 707(b	o)(2) PRESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Curr	ent monthly income for § 707(b)(2	(1)		\$
49	Enter the amount from Line 47 (Total	of all deductions allowed under §	707(b)(2))		\$
	-				

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$			
	Initial presumption determination. Check the applicable box and proceed as directed.				
52	☐ The amount on Line 51 is less than \$7,475 *. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
		☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.			
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
33	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				
	or page 1 of this statement, and complete the verification in 1 art vinit 1 ou may also complete 1 art vinit				
	Part VII. ADDITIONAL EXPENSE CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.				
	Expense Description Monthly Amour	nt			
	a. \$				
	b. \$ c. \$				
	d. \$	-			
	Total: Add Lines a, b, c, and d \$				
Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors				
	must sign.) Date: January 3, 2014 Signature: /s/ Daniel George John Ta	ırkanian			
57	Date: January 3, 2014 Signature: 75 Daniel George John Tarka (Debtor)				
31					
	Date: January 3, 2014 Signature /s/ Amy Michelle Tarkanian	<u>n</u>			
	Amy Michelle Tarkanian (Joint Debtor, if an	1V)			
	(John Beolo, y an	97			

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.